AMERICAN HERITAGE CARE CENTER

425 DAVIS STREET

HAMMOND	54015	Phone: (715) 796-2218		Ownership:	Corporation
Operated from 1	/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conju	nction with H	Mospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds S	et Up and Sta	iffed (12/31/03):	55	Title 18 (Medicare) Certified?	Yes
Total Licensed B	ed Capacity (12/31/03):	55	Title 19 (Medicaid) Certified?	Yes
Number of Reside	nts on 12/31/	03:	54	Average Daily Census:	53

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				્ર	
Home Health Care	No	Primary Diagnosis			%		22.2	
Supp. Home Care-Personal Care	No					1 - 4 Years	42.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.7	More Than 4 Years	18.5	
Day Services	No	Mental Illness (Org./Psy)	38.9	65 - 74	1.9			
Respite Care	Yes	Mental Illness (Other)	1.9	75 - 84	37.0		83.3	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.9	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.6	Full-Time Equivalent		
Congregate Meals Yes		Cancer		0		- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.9		100.0	(12/31/03)		
Other Meals	Yes	Cardiovascular	11.1	65 & Over	96.3			
Transportation	No	Cerebrovascular	5.6			RNs	5.0	
Referral Service	No	Diabetes	5.6	Gender	용	LPNs	13.7	
Other Services	No	Respiratory	3.7			Nursing Assistants,		
Provide Day Programming for	- 1	Other Medical Conditions	31.5	Male	40.7	Aides, & Orderlies	41.6	
Mentally Ill	No			Female	59.3	I		
Provide Day Programming for	- 1		100.0			I		
Developmentally Disabled	No			l	100.0	1		

Method of Reimbursement

		edicare			Medicaid Sitle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	96	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	3.3	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9
Skilled Care	5	100.0	297	22	73.3	119	2	100.0	166	17	100.0	156	0	0.0	0	0	0.0	0	46	85.2
Intermediate				7	23.3	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	13.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		30	100.0		2	100.0		17	100.0		0	0.0		0	0.0		54	100.0

County: St. Croix Facility ID: 1050 Page 2
AMERICAN HERITAGE CARE CENTER

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of	12/31/03
Deaths During Reporting Period					% Needing		 Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	
Private Home/No Home Health	24.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		88.9	11.1	54
Other Nursing Homes	0.0	Dressing	22.2		66.7	11.1	54
Acute Care Hospitals	69.4	Transferring	55.6		33.3	11.1	54
Psych. HospMR/DD Facilities	0.0	Toilet Use	33.3		55.6	11.1	54
Rehabilitation Hospitals	0.0	Eating	31.5		46.3	22.2	54
Other Locations	6.1	*****	******	*****	*****	******	*****
Total Number of Admissions	49	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	1.9	Receiving Resp	iratory Care	5.6
Private Home/No Home Health	38.8	Occ/Freq. Incontiner	nt of Bladder	38.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	6.1	Occ/Freq. Incontiner	nt of Bowel	16.7	Receiving Suct	ioning	0.0
Other Nursing Homes	6.1				Receiving Osto	my Care	0.0
Acute Care Hospitals	2.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Di	ets 16.7
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	46.9	With Pressure Sores		0.0	Have Advance D	irectives	100.0
Total Number of Discharges	į	With Rashes		1.9	Medications		
(Including Deaths)	49 j				Receiving Psyc	hoactive Drugs	59.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***********	*****	****	******	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	ું	%	Ratio	용	Ratio	િ	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	86.2	1.12	87.1	1.11	88.1	1.09	87.4	1.10
Current Residents from In-County	85.2	78.5	1.09	81.0	1.05	82.1	1.04	76.7	1.11
Admissions from In-County, Still Residing	40.8	17.5	2.33	19.8	2.07	20.1	2.03	19.6	2.08
Admissions/Average Daily Census	92.5	195.4	0.47	158.0	0.59	155.7	0.59	141.3	0.65
Discharges/Average Daily Census	92.5	193.0	0.48	157.4	0.59	155.1	0.60	142.5	0.65
Discharges To Private Residence/Average Daily Census	41.5	87.0	0.48	74.2	0.56	68.7	0.60	61.6	0.67
Residents Receiving Skilled Care	87.0	94.4	0.92	94.6	0.92	94.0	0.93	88.1	0.99
Residents Aged 65 and Older	96.3	92.3	1.04	94.7	1.02	92.0	1.05	87.8	1.10
Title 19 (Medicaid) Funded Residents	55.6	60.6	0.92	57.2	0.97	61.7	0.90	65.9	0.84
Private Pay Funded Residents	31.5	20.9	1.50	28.5	1.10	23.7	1.33	21.0	1.50
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	40.7	28.7	1.42	33.8	1.21	35.8	1.14	33.6	1.21
General Medical Service Residents	31.5	24.5	1.29	21.6	1.46	23.1	1.36	20.6	1.53
Impaired ADL (Mean)	42.6	49.1	0.87	48.5	0.88	49.5	0.86	49.4	0.86
Psychological Problems	59.3	54.2	1.09	57.1	1.04	58.2	1.02	57.4	1.03
Nursing Care Required (Mean)	3.0	6.8	0.44	6.7	0.45	6.9	0.44	7.3	0.41